

# HOGAN & HARTSON L.L.P.

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## IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

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TO: U.S. Patent and Trademark Office  
Examiner: Twyler Marie Lamb  
Art Unit: 2622

DATE: March 30, 2006

FROM: Troy M. Schmelzer

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 15

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### MESSAGE:

RE: U.S. Patent Application Serial No.: 09/837,713; Our Ref. 81800.0154

I hereby certify that the following documents:

☒ Amendment/Amendment Transmittal/Petition for Extension of Time

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

March 30, 2006  
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Rhonda Hurt

TELECOPY/FAX NUMBER: 571-273-8300 Art Unit 2622

CLIENT NUMBER: 81800.0154

ATTORNEY BILLING NUMBER: 3212

CONFIRMATION NUMBER: (please return fax to Juanita Soberanis)

FORM PTO-1083

Attorney Docket No. 81800.0154  
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Masaki KOTANI  
Serial No: 09/837,713  
Confirmation No.: 9170  
Filed: April 17, 2001  
For: Image Forming Apparatus

Art Unit: 2622  
Examiner: Lamb, Twyler Marie

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P.O. Box 1450  
Alexandria, VA 22313-1450

March 30, 2006  
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Rhonda Hurt  
Name  
*Rhonda Hurt*  
Signature Date 3/30/06

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Amendment  
☒ Petition for Extension of Time  
☐ No additional fees required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	23	-	21	**	2	LG=\$50 SM=\$25 \$ 50 \$ 100
INDEPENDENT CLAIMS FEE	3	-	3	---	0	LG=\$200 SM=\$100 \$ 200 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
TOTAL						\$ 100

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
--- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge the fee of \$ 100.00 for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.  
☒ Please charge the fee of \$ 120.00 for the one-month extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.  
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☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

Date: March 30, 2006

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